## Long Chiropractic Center

Dr. Lara and Dr. Rebecca Long

## **PATIENT INTAKE FORM**

Date:								
	PATIEN	IT INFORMA	TION					
Last Name:	First Name:	Middle:	Marital S	Marital Status (please check one):				
			□ Single	e 🛚 Married 🕻	Divord	ed □ Partner		
Birth Date:		Email Address:						
Do you have children? ☐ Yes ☐ N	o (If yes, please provide the	ir name(s), age(s	s), and any	health issues:				
Street address:		Home Ph	one #:		Mobile	e phone #:		
		( )			(	)		
P.O. Box/Unit #:	City:		Star	te:		ZIP Code:		
Occupation:	Employer:				Emplo	yer phone #:		
How did you find out about us? (plea	ase check one box):	Dr.		Insurance Pla	n	☐ Hospital		
☐ Family ☐	Friend 🔲 0	Close to home/w	ork 🗖 `	Yellow Pages		■ Word of Mouth		
If someone referred you, who?								
	REA	SON FOR VI	SIT					
☐ General ☐	Car Accident	□ Work Inju	ry		☐ Othe	r Accident		
		ICE INFORM						
Do you have insurance? ☐ Yes ☐ I	No (if yes, please give your in	nsurance card ar	nd photo I.D	). to front desk	<b>(</b> )			
	IN CASE	OF EMERG	SENCY					
Name of local friend or relative (not	e of local friend or relative (not living at same address):  Relationship to patient:  Home phone #:  ( )				Work phone #:			
	PRESE	NT COMPLA	AINTS					
1.	1 11202				How lo	ng?		
2.						How long?		
3.					How Ic			
Have you received other treatment f	for these conditions?	es 🛭 No						
If yes, who and where?								

PREVIOUS ACCIDENTS/INJURYS									
Past work injury?				PREVIOUS ACC	IDENTS/INJUF	RYS			
Other injuries?	Past Auto Accidents	? □ Yes	□ No	How recent?		Treatment? ☐ Yes ☐ No			
FAMILY HISTORY  NAME PRESENT SYMPTOMS PREVIOUS ILLNESS  Date of last menstrual cycle: Are you pregnant? Yes No  GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Visual Problems Pain Between Shoulders  Dizziness Hearing Problems Pain in: Allergies Ear Infections Hip Pain  Asthma Loss of Sleep Sciatica  Numbness of Pain in: Arms/Hands/Legs/Feet Neck Pain Digestive Problems  Neck Stiffness Back Pain Digestive Problems	Past work injury?	☐ Yes	□ No	How recent?		Treatment? ☐ Yes ☐ No			
NAME PRESENT SYMPTOMS PREVIOUS ILLNESS  Date of last menstrual cycle: Are you pregnant? Yes No  GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Oricle any you currently have or have had in the past year.)  Headache: Pain Between Shoulders  Dizziness Pear Infections Plain Between Shoulders  Allergies Pear Infections Plain Between Shoulders  Allergies Pain Between Shoulders  Allergies Pain Between Shoulders  Sinus/Tension/Migraine Sciatica  Numbness of Pain in: Sciatica  Numbness of Pain in: Numbness of Pain in: Numbness of Pain in: Numbness of Pain in: Neck Pain Difficulty Breathing  Neck Stiffness Back Pain Digestive Problems	Other injuries?	☐ Yes	□ No	How recent?		Treatment? ☐ Yes ☐ No			
NAME PRESENT SYMPTOMS PREVIOUS ILLNESS  Date of last menstrual cycle: Are you pregnant? Yes No  GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Oricle any you currently have or have had in the past year.)  Headache: Pain Between Shoulders  Dizziness Pear Infections Plain Between Shoulders  Allergies Pear Infections Plain Between Shoulders  Allergies Pain Between Shoulders  Allergies Pain Between Shoulders  Sinus/Tension/Migraine Sciatica  Numbness of Pain in: Sciatica  Numbness of Pain in: Numbness of Pain in: Numbness of Pain in: Numbness of Pain in: Neck Pain Difficulty Breathing  Neck Stiffness Back Pain Digestive Problems									
Date of last menstrual cycle:    Are you pregnant?   Yes   No				FAMILY	HISTORY				
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain  GENERAL SYMPTOMS Pain Hearing you currently have or have had in the past year.)  Pain Between Shoulders  Hip Pain Sciatica Difficulty Breathing	NAME	PRESENT SYMPT		PRESENT SYMPTOM	<b>I</b> S	PREVIOUS ILLNESS			
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain  GENERAL SYMPTOMS Pain Hearing you currently have or have had in the past year.)  Pain Between Shoulders  Hip Pain Sciatica Difficulty Breathing									
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain  OCIRCLE any you currently have or have had in the past year.)  Pain Between Shoulders  Huscle Spasms Hip Pain Sciatica Difficulty Breathing									
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hisp Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain Digestive Problems Digestive Problems									
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain  GENERAL SYMPTOMS Pain Hearing you currently have or have had in the past year.)  Pain Between Shoulders  Hip Pain Sciatica Difficulty Breathing									
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain  OCIRCLE any you currently have or have had in the past year.)  Pain Between Shoulders  Huscle Spasms Hip Pain Sciatica Difficulty Breathing									
GENERAL SYMPTOMS  (Circle any you currently have or have had in the past year.)  Headache: Sinus/Tension/Migraine Dizziness Hearing Problems Hearing Problems Hisp Pain Altergies Ear Infections Hip Pain Asthma Loss of Sleep Sciatica Numbness of Pain in: Arms/Hands/Legs/Feet Neck Stiffness Back Pain Digestive Problems	Date of last menstrua	al cycle:			Are you pregnant	? □ Yes □ No			
(Circle any you currently have or have had in the past year.)  ☐ Headache: Sinus/Tension/Migraine ☐ Visual Problems ☐ Pain Between Shoulders ☐ Muscle Spasms ☐ Allergies ☐ Ear Infections ☐ Hip Pain ☐ Asthma ☐ Loss of Sleep ☐ Sciatica ☐ Numbness of Pain in: Arms/Hands/Legs/Feet ☐ Neck Pain ☐ Neck Stiffness ☐ Back Pain ☐ Digestive Problems					7 1 3				
(Circle any you currently have or have had in the past year.)  ☐ Headache: Sinus/Tension/Migraine ☐ Visual Problems ☐ Pain Between Shoulders ☐ Muscle Spasms ☐ Allergies ☐ Ear Infections ☐ Hip Pain ☐ Asthma ☐ Loss of Sleep ☐ Sciatica ☐ Numbness of Pain in: Arms/Hands/Legs/Feet ☐ Neck Pain ☐ Neck Stiffness ☐ Back Pain ☐ Digestive Problems				GENERAL	SYMPTOMS				
Sinus/Tension/Migraine  Dizziness  Hearing Problems  Hip Pain  Allergies  Loss of Sleep  Numbness of Pain in:  Arms/Hands/Legs/Feet  Neck Stiffness  Hand Between Shoulders  Muscle Spasms  Hip Pain  Sciatica  Difficulty Breathing  Difficulty Breathing			(	Circle any you currently hav	e or have had in the	past year.)			
□ Dizziness       □ Hearing Problems       □ Muscle Spasms         □ Allergies       □ Ear Infections       □ Hip Pain         □ Asthma       □ Loss of Sleep       □ Sciatica         □ Numbness of Pain in: Arms/Hands/Legs/Feet       □ Neck Pain       □ Difficulty Breathing         □ Neck Stiffness       □ Back Pain       □ Digestive Problems		ine		☐ Visual Problems		□Pain Between Shoulders			
□ Allergies       □ Ear Infections       □ Hip Pain         □ Asthma       □ Loss of Sleep       □ Sciatica         □ Numbness of Pain in: Arms/Hands/Legs/Feet       □ Neck Pain       □ Difficulty Breathing         □ Neck Stiffness       □ Back Pain       □ Digestive Problems				☐Hearing Problems		☐ Muscle Spasms			
□ Asthma       □ Loss of Sleep       □ Sciatica         □ Numbness of Pain in: Arms/Hands/Legs/Feet       □ Neck Pain       □ Difficulty Breathing         □ Neck Stiffness       □ Back Pain       □ Digestive Problems	☐ Allergies					☐ Hip Pain			
□ Numbness of Pain in:       □ Neck Pain       □ Difficulty Breathing         Arms/Hands/Legs/Feet       □ Back Pain       □ Digestive Problems									
□ Neck Stiffness □ Back Pain □ Digestive Problems				·		☐ Difficulty Breathing			
□ Menstrual Problems		.01		☐ Back Pain		☐ Digestive Problems			
	■ Menstrual Problen	าร							
	receipt state that tr	ne above i	intormation	is true to the best of my kn	owiedge. I authorize	e Long Uniropractic Center to examine, take x-			
I hereby state that the above information is true to the best of my knowledge. I authorize Long Chiropractic Center to examine, take x-ray	understand and agre	athat the	ey deem ne health and	accident insurance policies	are an arrangement	between the insurance carrier and me. Lunders			
treat me, and do whatever they deem necessary in accordance with the state statues for the care and management of my condition(s)	that I am financially	responsit	ole for any	balance, and that any amo	ount authorized to b	e paid directly to Long Chiropractic Center w			
treat me, and do whatever they deem necessary in accordance with the state statues for the care and management of my condition(s) understand and agree that the health and accident insurance policies are an arrangement between the insurance carrier and me. I understa	credited to my accou	int on rec	eipt. I also	authorize Long or insurance	e company to release	se any information required to process my claim			
treat me, and do whatever they deem necessary in accordance with the state statues for the care and management of my condition(s) understand and agree that the health and accident insurance policies are an arrangement between the insurance carrier and me. I understat that I am financially responsible for any balance, and that any amount authorized to be paid directly to Long Chiropractic Center will	understand that if I s	suspend o	r terminate	my care and treatment, any	fees for profession	al services rendered to me will be immediately			
treat me, and do whatever they deem necessary in accordance with the state statues for the care and management of my condition(s) understand and agree that the health and accident insurance policies are an arrangement between the insurance carrier and me. I understat that I am financially responsible for any balance, and that any amount authorized to be paid directly to Long Chiropractic Center will credited to my account on receipt. I also authorize Long or insurance company to release any information required to process my claims	and payable.								
treat me, and do whatever they deem necessary in accordance with the state statues for the care and management of my condition(s) understand and agree that the health and accident insurance policies are an arrangement between the insurance carrier and me. I understat that I am financially responsible for any balance, and that any amount authorized to be paid directly to Long Chiropractic Center will credited to my account on receipt. I also authorize Long or insurance company to release any information required to process my claims understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately described to the care and management of my condition(s) and care and management of my care and my care	Dationt/Cuordia	niamotur-				Data			
that I am financially responsible for any balance, and that any amount authorized to be paid directly to Long Chiropractic Center will credited to my account on receipt. I also authorize Long or insurance company to release any information required to process my claims understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately displayed.	Pallerii/Guarulari s	signature				Date			